
Non-Compliance Referral for Ethics Violations

NIH Ethics Manual, Chapter 2400

Department of Health and Human Services

National Institutes of Health

I. Referring Official: (Deputy Ethics Counselor)**Referral Date:**

Name:

Title:

Address:

Phone:

Reason for Referral:☐ Financial Disclosure☐ Divestiture☐ Outside Activity☐ Official Duty Activity☐ Award☐ Recusal☐ Waiver☐ Honorary Degree☐ Gift Acceptance☐ Training☐ Other (please specify):

II. Referred to Supervisor

Name:

Address:

Title:

Phone:

III. Employee Referred: The following employee has been non-compliant with applicable laws and/or regulations for the reason indicated above.

Name:

Address:

Title:

Phone:

Explanation of Violation (be specific; provide dates; describe actions take to obtain compliance)

Send copy to Executive Officer and OHR Workforce Relations Division

IV. Supervisor/Management Action: Explain what action was taken to obtain employee compliance, any administrative action taken, and outcome, including dates of each action. **Return the completed form to the referring official named in Part I, above.**

Signature:

Date:

V. Acknowledgment and Acceptance by Deputy Ethics Counselor☐ Supervisory/Management Action is sufficient.☐ Additional Action Recommended:

Signature:

Date:
